

**MULTIPLE DEPENDENT CLAIM
CALCULATION SHEET**
USE WITH FORM PTO-875)

SERIAL NO.
10/089695

FILING DATE

APPLICANT(S)

CLAIMS

IN	1st AMENDMENT	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		IN	1st AMENDMENT		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
		IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/	/				51						
2	/	/				52						
3	/	/				53						
4	/	/				54						
5	/	/				55						
6	/	/				56						
7	/	/				57						
8	/	/				58						
9	/	/				59						
10	/	/				60						
11	/	/				61						
12	/	/				62						
13	/	/				63						
14	/	/				64						
15	/	/				65						
16	/	/				66						
17	/	/				67						
18	/	/				68						
19	/	/				69						
20	/	/				70						
21	/	/				71						
22	/	/				72						
23	/	/				73						
24	/	/				74						
25	/	/				75						
26						76						
27						77						
28						78						
29						79						
30						80						
31						81						
32						82						
33						83						
34						84						
35						85						
36						86						
37						87						
38						88						
39						89						
40						90						
41						91						
42						92						
43						93						
44						94						
45						95						
46						96						
47						97						
48						98						
49						99						
50						100						
TOTAL IND.	1	1				TOTAL IND.						
TOTAL DEP.	38	47				TOTAL DEP.						
TOTAL CLAIMS	39	48				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS